

**OFFICIAL**

broad range of services essential to successfully living in a community setting, (e.g. medical, psychiatric, social, educational, legal, housing and financial services).

A master's degree in human services field\* may be substituted for two years of the required experience.

Minimum Qualifications for Appointment As A Coordinator of Intensive Case Management Services

A master's degree in a human services field\* and four years of experience in providing direct services to mentally disabled patients/clients or in linking mentally disabled patients/clients to a broad range of services essential to successfully living in a community setting (e.g. medical, psychiatric, social, educational, legal, housing and financial services). Two years of this experience must have involved supervisory or managerial experience for a mental health program or major mental health program component.

- \* For purposes of qualifying for these titles a "Human Services Field" includes Social Work, Psychology, Nursing, Rehabilitation, Education, Occupational Therapy, Physical Therapy, Recreation or Recreation Therapy, Counseling, Community Mental Health, Child and Family Studies, Speech and Hearing, Sociology.

TN 95-48 Approval Date MAR 14 1996  
Supersedes TN 89-17 Effective Date OCT 1 - 1995

# OFFICIAL

Revision: HCFA-PM-87-4 (128C)  
MARCH 1987

SUPPLEMENT 1 TO ATTACHMENT 3.1A  
page 1  
OMB No.: 0939-0193

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT **90-56**

State/Territory: New York State

### CASE MANAGEMENT SERVICES

**A. Target Group:**

See attached Target Group E

**B. Areas of State in which services will be provided:**

☐ Entire State.

☒ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

Services to this target population may be provided to residents of Kings County (Zip Codes 11203, 11212, 11213, 11216, 11221, 11225, 11233 and 11238), Bronx County (Zip Codes 10454, 10455, 10451, 10474 and 10459), New York County (Zip Codes 10026, 10027, 10030, 10031, 10037 and 10039)

**C. Comparability of Services**

☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

**D. Definition of Services:**

See attached

**E. Qualification of Providers:**

See attached

TM No. **90-56**  
Supersedes  
TM No. **90-42**

Approval Date MAR 3 1992

Effective Date OCT 1 1990

HCFA ID: 10409/0016P

A. TARGET GROUP

This target group consists of any categorically needy or medically needy individual who meets the following criteria:

1. Women of child bearing age who are pregnant or parenting, and
2. Infants under 1 year of age.

One of the most serious public health problems we are facing today is that of infant mortality. The problem is especially severe in certain urban areas among poor minority groups where the infant mortality rate is up to 3 times that of the population at large. Other factors which contribute to this problem are women who receive late or no prenatal care. Recent changes to Federal and New York State Law have expanded eligibility benefits to pregnant women and infants. Case management programs are expected to identify women who are at risk and assist them in accessing health care and other resources which they need to assure positive birth outcomes.

In some areas of New York City almost twenty percent of the infants born to minority women are low birth weight babies who are vulnerable to infections and sudden infant death syndrome as well as complications related to low birth weight itself.

Certain upstate cities mirror these rates in their center city areas. Case management will assist in assuring that mothers in these areas can avail themselves of health and social services to properly care for their infants.

In the areas in question, about 20% of the births are to teenage mothers and up to 75% are out of wedlock. The mothers in question are often inexperienced at heading a family and do not have the social supports available in an intact family, and as such have a great need for case management services to assist them in obtaining needed services for themselves and their infants.

After years of steady decline, infant mortality rates have once again begun to climb since 1987. Much of this increase can be laid at the feet of increasing use of illegal drugs and alcohol on the part of poor women in urban areas. In births where toxicity for illegal drugs is found, in New York City, infant mortality is an astronomical 34 in 1,000.

New York State hopes to attack these problems in a site-specific manner using case managers to pull together both Title XIX services and services from other funding streams to meet the needs of pregnant women and infants.

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Supervised by NEW Effective Date SEP 1 1990

Revision:

HCFA-PN-87-4

Supplement 1 to Attachment 3.1A

Page 1-E1a

March 1987

OMB No.: 0939-0193

State/Territory: New York State

- F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.
1. Eligible recipients will have free choice of the providers of case management services.
  2. Eligible recipients will have free choice of the providers of other medical care under the plan.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

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TM No. Now

Approval Date MAR 8 1992

Effective Date OCT 1 1990

HCFA ID: 1040P/0016P

SUPPLEMENT TO ATTACHMENT 3.1A  
Page 1-E2

1. A list of all target population was to be provided to residents of  
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 38. 11749, 11750,

Services will only be provided to those individuals who meet one or more of the criteria set forth in Section A, Target Group, of this Supplement.

Case management services will be provided without limitation as to amount, duration or scope.

Case management is a process which will assist persons eligible for medical assistance to access needed medical, social, educational, and other services in accordance with a written case management plan.

Case management for this target group will be provided in the following fashion.

Referrals of Medicaid eligible women and infants who are part of the target population are made by prenatal and pediatric care providers in the areas involved. Other possible referral sources include alcohol and substance abuse services providers, schools, social agencies and local governmental agencies administering the Medicaid program, child protective and preventive services, programs under Title V of the Social Security Act and Section 17 of the Child Nutrition Act.

Hospitals in the target areas are encouraged to refer women who deliver at their facilities, who have received little or no prenatal care, test positive for illicit drugs or deliver low birth weight babies to case management agencies. Other women from the target areas will also be encouraged to participate because of the higher level of risk which they and their infants face.

The referral activity as outlined is included to add dimension to the problems faced by the target population and to show the degree to which existing service providers will be involved in the identification and referral of such clients. Successful case management for these clients depends in great part on the ability of the case manager to develop good working relationships with service providers. This includes becoming a recognized resource within the broader provider community i.e., a service to which clients may be referred.

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These referral activities are not a function of the case manager; begin prior to the receipt of case management services; and are not billed as Medicaid case management.

2. Engagement

Based on the referral from the hospital, prenatal care or other provider or local governmental agency, the case management agency attempts to interest the Medicaid eligible woman/infant in case management services. Because women in high poverty areas, especially those who use illegal drugs or alcohol, are hard to engage for services, agencies are encouraged to make a number of attempts to contact the woman.

If a woman accepts services, she is then enrolled by the case management agency. In areas where there are multiple agencies providing services, each agency will be required to explain to the woman that she has her choice of case management providers.

3. Assessment/Reassessment

Within 15 days of the acceptance of case management services, the case manager must complete an initial assessment. This will include an evaluation of the met and unmet needs of the woman and her children, her strengths and weaknesses, both formal and informal supports and identification of providers of service, including other case management resources.

It is anticipated that the initial assessment will concentrate on the immediate issues of the woman and her children's health and safety, substance abuse problems and family functioning. Subsequent reassessments (required at four month intervals) will likely deal with the family's longer term needs such as education, safe housing, training and employment for economic security.

4. Case Management Plan Development

Within 30 days of the acceptance of case management services, the case manager must complete development of an initial services plan for the woman and her family. Individuals residing together mutually impact upon each other in terms of their activities and their needs. To deliver effective case management, the family structure, whatever it may be, needs to be taken into account. Family supports and family stressors have a significant impact on the client. If a "parenting" woman (targeted) is having parenting problems with a 2 year old (non-targeted) or needs to arrange for child care in order to participate in a substance abuse treatment program, the case manager must address these needs in the woman's case management plan.

Case managers will not do assessments or case management plans for non-Medicaid eligible persons and will only assist non-Medicaid eligibles in obtaining services, when obtaining that service has a direct impact on the Medicaid eligible member of the target group.

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7. Crisis Intervention

With a population which engages in substance abuse, does not respond to health needs until they become emergent and lives in dangerous, unsafe and unhealthy housing, the potential for crisis is measurably increased. For this reason, case management agencies should prepare a crisis plan for individual clients to advise them where to turn in an emergency, as well as having an agency plan to assist clients on a 24 hour a day basis, if necessary.

It is not essential that the case manager be available on a 24 hour basis, but only that the agency have a viable plan for dealing with after hour emergencies.

In addition, the agency must be prepared to revise the services plan almost immediately if the crisis has lasting repercussions or requires a change in the mix or intensity of services.

8. Counseling and Exit Planning

The best case management practices help build self-esteem and improve the client's ability to function more independently thus reducing or eliminating the need for further case management. As the case management becomes less intense, the client should be encouraged to participate in the development and implementation of her own plan objective.

When the case manager determines, in conjunction with the client, that case management is no longer necessary or if the woman loses program eligibility or moves to a different area or service system, the case manager should assist her in moving to new providers or sources of services. With the client's consent, a final assessment and case summary should be prepared and forwarded to the new case manager or services source.

E. QUALIFICATIONS1. Provider Agency Qualifications

Agencies may be qualified in one of the following ways.

- a. One year of experience in providing case management services to pregnant or parenting women or infants.
- b. Two years of experience in providing health care or social services to pregnant or parenting women or infants.
- c. Two years of experience in providing drug or alcohol abuse treatment services to pregnant or parenting women.
- d. Two years of experience in providing protective services for children or services to prevent their placement in foster care.

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These qualifications may be met by the agency itself or may be met by an individual who has management experience in such an agency and assumes responsibility for the overall administration of the case management program.

## 2. Staff Qualifications

### a. Case Manager

An individual with a Bachelors or Masters degree in Nursing, Social Work, Health Education or a related field. If the degree is in a related field, one year of case management experience is required.

### b. Associate Case Manager/Community Health Worker/Community Advocate

Associate Case Managers (ACM/Community Health Workers (CHW/Community Advocate (CA) describe persons residing in the community who assist case managers to monitor and reach clients who do not routinely access organized medical care or entitlements or who may be reluctant to access help from organizations. These individuals are not providers of case management, but are part of the team approach to case management encouraged by this program. They may assist case managers in locating individuals in the community, maintaining contact and gaining acceptance and cooperation for the program and it's goals.

These individual's must have two years of experience as case aides or similar experience with the target group. One year of this experience may be fulfilled by an intensive training program, approved by the State Medicaid Agency.

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Page 1-F1

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: New York State

CASE MANAGEMENT SERVICES

A. Target Group:

See attached Target Group F

B. Areas of State in which services will be provided: /

☐ Entire State.

☒ Only in the following geographic areas (authority of section 1915(g) (1) of the Act is invoked to provide services less than Statewide:

City of Newburgh, Orange County

City of Fulton, Oswego County

Addison School District, Steuben County

C. Comparability of Services

☐ Services are provided in accordance with section 1902(a) (10) (B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g) (1) of the Act is invoked to provide services without regard to the requirements of section 1902(a) (10) (B) of the Act.

D. Definition of Services:

See attached

E. Qualification of Providers:

See pages 1-F7 and 1-F8

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Approval Date

**AUG 18 1994**

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**APR 1 - 1994**

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March 1987

OMB No.: 0939-0193

State/Territory: New York State

- F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.
1. Eligible recipients will have free choice of the providers of case management services.
  2. Eligible recipients will have free choice of the providers of other medical care under the plan.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

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